

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Maile</i>		07-10-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>L.F.</i>	1106	8/1/01
RESPONSE FORMALITY REVIEW	<i>Zim</i>	927	11-05-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Best Available Copy

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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373  
8/1  
11/15/01